

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				10/52337.1
1 Date of Request: _____		2 Serial/Patent # _____		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
			85 Jun 05	\$ 400
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				7 TOTAL AMOUNT OF REFUND
10 REASON:		8 TO BE REFUNDED BY:		
		Treasury Check		
		Credit Deposit A/C #:		
		9 50 -- 1281		
<input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation): _____				
11 REFUND REQUESTED BY: _____				
TYPED/PRINTED NAME: _____		TITLE: <u>Paralegal</u>		
SIGNATURE: <u>P. Kedwell</u>		PHONE: <u>703 308 9140-Ext 216</u>		
OFFICE: _____				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: _____		DATE: _____		

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*